

2007 Recycling Grants to Responsible Units Application Short Form

Form 8700-222S (R 5/06)

Page 1 of 2

INSTRUCTIONS

1. Submit an original signed application (only pgs. 1 and 2), typed or in pen. Keep a copy for your use.
2. Respond to all questions. If a question is not applicable, enter "N/A" or "O".
3. This form is authorized by Chapter 287, Wis. Stats., and Chapter NR 542, Wis. Adm. Code. Completion of this form is mandatory. **Failure to submit a completed form to the Department by October 1, 2006 will result in denial or reduction of grant funds for 2007.**
4. Personally identifiable information on this form is intended to be used by the Department for recycling program purposes, but may be made available to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].
5. Return the application to the address listed above. To confirm receipt, please check:
www.dnr.state.wi.us/org/caer/cfa/grants/recycle/recycle.html two weeks after mailing date.

SECTION 1: APPLICANT INFORMATION

1. Responsible Unit Name	Municipal Code	Transfer your municipal code to the space provided at the top right corner of each page of the application.
County	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Authorized Representative (first, initial, last)	Name of Contact Person (first, initial, last)	
Title	Title	
Telephone Number (include area code)/BEST TIME TO CALL	Telephone Number (include area code)/BEST TIME TO CALL	
FAX Number (include area code)	FAX Number (include area code)	
Mailing Address-Street or Route	Mailing Address-Street or Route	
City, State, Zip Code	City, State, Zip Code	
E-mail Address	E-mail Address	

2. List of Municipalities: Identify all the municipalities included in your responsible unit (RU) and their municipality code numbers. (Attach a separate page if more space is needed.)

Municipality Name	Code	Municipality Name	Code

3. Site Review: Does your recycling or yard waste program for 2007 include any of the following activities?

Rehabilitation of a building or structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removal or demolition of a building, structure or ruin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acquisition of land by purchase, gift, trade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of drop off center, materials processing center or other structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other ground disturbance (for example, grading, heavy machinery traffic, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2007 Recycling Grant

Municipal Code

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SECTION 2 - SUMMARY OF ELIGIBLE PROGRAM COSTS

Summarize your program costs by transferring information from Forms 3 and 4 as indicated. (Do not submit Forms 1 through 4, but keep them for your records.)

4. Total costs of Recycling Program (line 18, Form 4)
5. Ineligible Costs (line 4, Form 3)
6. Revenue from sale of recyclables (line 24, Form 3)
7. Other deductible revenue (line 22, Form 4)
8. Net eligible recycling and yard waste costs (line 24, Form 4)*
9. Costs of handling yard waste (line 25, Form 4)

This information will
automatically fill in
from Forms 3 and 4.

2007	For DNR Use Only
4.	
5.	
6.	
7.	
8.	
9.	

*NOTICE: Net eligible recycling costs (line 8 above) must not include the cost of collection, processing or marketing of recyclables from commercial, retail, industrial, or governmental facilities, or from buildings containing 5 or more dwelling units.

SECTION 3 - AUTHORIZING RESOLUTION AND ASSURANCES

An authorizing resolution designating a representative to file this application and handle all grant actions is required of all responsible units.

11. Is a valid resolution on file with the DNR regional office?

☐ Yes

☐ No Submit. (A model resolution for your use is included at the end of the application instructions.)

I hereby certify that to the best of my knowledge, the information contained in this application and application attachments is correct and true. I understand and agree that any grant monies awarded as a result of this application shall be used in compliance with Chapter 287, Wis. Stats., and Chapters NR 542 and NR 544, Wis. Adm. Code.

Authorized Representative Signature	
Typed or Printed Name	Date Signed

Once complete, print off this form, sign, date, and mail to the address that appears on the top of page one.

Ineligible Costs/Recyclables To Be Collected - 2007 Form 3

Form 8700-222C (R 5/06)

Responsible Unit Name	County	Municipal Code —
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SCHEDULE I: INELIGIBLE COSTS

List all expenses you have included in UCA Account 53635 which are ineligible costs in accordance with s. NR 542.05(2), Wis. Adm. Code:

1. Costs of handling items banned from landfilling or incineration per s. 287.07, Wis. Stats.:

a. Automotive batteries

b. Waste oil

c. Major appliances ("white goods")

2. Interest or finance charges

3. Other (specify) _____

4. Total ineligibles (transfer to line 19, Form 4)

Ineligibles included
in proposed costs

\$ _____

\$

For DNR Use Only

\$

SCHEDULE II: RECYCLABLES TO BE COLLECTED

Enter in column A estimated weights for all recyclables which you expect to be handling. Enter zero in columns B and C (and line 24) if your responsible unit does not expect to receive payment for the sale of those recyclables.

	A Weight (tons)	X	B Estimated price per ton	=	C Estimated revenue from recyclables
5. Aluminum containers	_____	X	\$ _____	=	\$ _____
6. Corrugated cardboard	_____	X	\$ _____	=	\$ _____
7. Glass containers	_____	X	\$ _____	=	\$ _____
8. Magazines and similar glossy paper materials	_____	X	\$ _____	=	\$ _____
9. Newspapers and newsprint materials	_____	X	\$ _____	=	\$ _____
10. Office paper	_____	X	\$ _____	=	\$ _____
11. Plastic soda bottles (PET) #1	_____	X	\$ _____	=	\$ _____
12. HDPE milk jugs #2	_____	X	\$ _____	=	\$ _____
13. Other HDPE plastic containers #2	_____	X	\$ _____	=	\$ _____
14. Polyvinyl chloride (PVC) containers #3	_____	X	\$ _____	=	\$ _____
15. Low density polyethylene #4	_____	X	\$ _____	=	\$ _____
16. Polypropylene (PP) plastic containers #5	_____	X	\$ _____	=	\$ _____
17. Polystyrene (PS) containers #6	_____	X	\$ _____	=	\$ _____
18. Foam polystyrene packaging #6	_____	X	\$ _____	=	\$ _____
19. "Other resin" plastic containers #7	_____	X	\$ _____	=	\$ _____
20. Steel containers ("tin cans")	_____	X	\$ _____	=	\$ _____
21. Bi-metal containers	_____	X	\$ _____	=	\$ _____
22. Waste tires	_____	X	\$ _____	=	\$ _____

23. Total tonnage of recyclables =

24. Total revenue from recyclables =
(Sum 1-22, Column C.) Transfer total
revenue to Form 4, Line 21

\$

Responsible Unit Name	County	Municipal Code □□ — □□□
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Instructions: In Column A, enter the costs you have listed on Column F, Form 1.

<u>UCA Acct/Obj #</u>	<u>Description</u>	A Recycling costs proposed for 2007	For DNR Use Only
RECYCLING EXPENSES per UCA Account 53635:			
53635 - 100	Salaries/wages and employee benefits	1. _____	_____
53635 - 210	Consulting and professional services	2. _____	_____
53635 - 220	Utility services	3. _____	_____
53635 - 240	Purchased repairs and maintenance	4. _____	_____
53635 - 290	Purchased services - printing and adv.	5. _____	_____
53635 - 290	Purchased services - other	6. _____	_____
53635 - 310	Office supplies	7. _____	_____
53635 - 320	Subscriptions and dues	8. _____	_____
53635 - 330	Employee travel and training	9. _____	_____
53635 - 340	Operating supplies	10. _____	_____
53635 - 350	Repair and maintenance supplies	11. _____	_____
53635 - 510	Insurance	12. _____	_____
53635 - 530	Rents and leases	13. _____	_____
53635 - 540	Depreciation (attach Form 2D)	14. _____	_____
53635 - 540	Hourly equipment use charges (attach Form 2E)	15. _____	_____
53635 - 900	Cost allocations	16. _____	_____
_____ - _____	Other (specify) _____	17. _____	_____
53635	Total Costs of Recycling Program (sum 1 through 17)	18. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	Subtract: Ineligible Costs (from Line 4, Schedule I, Form 3)	19. _____	_____
	ELIGIBLE RECYCLING EXPENSES (18 minus 19)	20. _____	_____
<hr/>			
	Subtract: Deductible Revenues		
48307	Revenues from sale of recyclables (from Line 24, Schedule II, Form 3)	21. _____	_____
_____	Other deductible revenue (specify) _____	22. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	Total deductible revenues (21 plus 22)	23. _____	_____
<hr/>			
	NET ELIGIBLE RECYCLING COSTS (20 minus 23)	24. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<hr/>			
	Costs of handling yard waste included in above (from Form 1, Column H, Line 18)	25. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

This amount
must be filled
in.